

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILED DATE

APPLICANT'S 3 16 05
107528122

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS			████	████		████

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TOTAL IND.			↓	↓		↓
TOTAL DEP.			←	←		←
TOTAL CLAIMS			████	████		████

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